

**State Legislative Status Report
2007-2008 Session
January 16, 2008**

Note: Status information reflects information available as of 01/15/08.

ASSEMBLY BILLS

AB 1 (Laird) Health care coverage.

Version: Amended 09/07/2007

Sponsor: 100% Campaign; People Improving Communities through Organizing (PICO)

Status: 10/10/2007-Assembly Floor- held at DESK

The bill would:

- Expand eligibility for Medi-Cal (MC) and the Healthy Families Program (HFP) to cover children in families with household income up to 300% FPL from the current limit of 250% FPL.
- Create the Healthy Families Buy-In Program that would be administered by the MRMIB.
- Make coverage provided under the HFP available to children whose household income exceeds 300% of the federal poverty level and who meet other specified criteria.
- Delete the specified citizenship and immigration status requirements and require the MRMIB to implement a process for an applicant's self-certification of income and income deductions by 1/1/08.
- Require the MRMIB and the Department of Health Care Services to take actions to improve and coordinate the application and enrollment process for MC and the HFP and to develop a process to transition the enrollment of children from local children's health initiatives into MC and HFP.
- Establish the HFP to MC Presumptive Eligibility Program, the MC to HFP Presumptive Eligibility Program, the MC Presumptive Eligibility Program and the HFP Presumptive Eligibility Program.
- Deem children who have a California Children's Services (CCS) eligible medical condition and who are enrolled in the HFP or the HFP Buy-In Program, to be financially eligible for CCS program benefits.

Note: AB 1 is identical to SB 32 (Steinberg).

AB 2 (Dymally) Health care coverage.

Version: Amended 09/07/2007

Sponsor: Author

Status: 09/11/2007-Senate Floor INACTIVE FILE

This bill would:

- Require insurers in all markets to either sell individual coverage on a guaranteed issuance basis with community rating (no rating for age, health status or geography) or elect to pay a fee to help finance the Major Risk Medical Insurance Program (MRMIP).

- Require health plans and insurers to either pay a per life fee, adjusted by MRMIB and capped at \$1.50 per life, to fully fund the MRMIP, eliminating any wait lists for the program, or agree to provide coverage to persons eligible for the MRMIP, based on their market-share of covered lives in the state.
- As of 1/1/08, eliminate annual benefit caps for the MRMIP and require at least \$1 million lifetime benefit cap; cap out-of-pocket costs at \$2,500 or lower per person and \$4,000 per family, and; reduce consumer costs for primary and preventative care and medications for chronic conditions.
- Require MRMIB to appoint an 8-member advisory committee (volunteers) to advise the board on topics related to operation of the program and improving quality and cost-effectiveness of program operations.

Persons eligible for HIPAA coverage on or after January 1, 2009 would obtain that coverage through MRMIP. After January 1, 2009, persons enrolled in the Guarantee Issue Program (GIP) pilot would be allowed to enroll in MRMIP; prior to that date, they could continue to be enrolled in the GIP. Subscriber premiums in MRMIP would be reduced over time, based on a percent of the cost in the private market for comparable coverage: from 137% currently to 125% on 1/1/08 and on 1/1/09 at 120% for persons above 300% FPL and 110% for persons below 300% FPL. MRMIB would report to the Legislature by July 1, 2011 regarding implementation of the provisions of the bill, and specific information regarding program operations.

AB 16 (Hernandez) Pupil immunizations.

Version: Amended 07/05/2007

Sponsor: Author

Status: 09/04/2007-Senate RULES

Existing law prohibits the governing authority of a school or other institution from unconditionally admitting a pupil unless the pupil has been fully immunized against various diseases. This bill would revise the list of institutions that are subject to the prohibition, and would require the State Public Health Officer to create a list of diseases for which immunization would be required prior to entry into those institutions and to annually publish the list on the Department of Public Health website.

***AB 56 (Ma)** Secretary for Poverty.

Version: Amended 01/10/2008

Sponsor: Author

Status: 01/14/2008-Read 2nd time on floor, amended and referred to APPROPRIATIONS.

This bill would create the cabinet-level position of Secretary of Poverty, to be appointed by the Governor. The secretary would be responsible for reviewing the work of state agencies, departments, and offices that implement and administer antipoverty programs in the state and for determining if those agencies, departments, and offices were operating in the most efficient and effective manner possible.

AB 272 (Garcia) HIV tests.

Version: Introduced 02/09/2007

Sponsor: Author

Status: 05/14/2007-Assembly HEALTH

This bill would require that any woman seeking an annual gynecological exam or family planning appointment be provided with information on HIV and AIDS, and would require that the woman be offered the option of being tested onsite, if available, or provided referral information to other testing locations.

AB 330 (Hayashi) Health disparity report.

Version: Amended 04/24/2007

Sponsor: Author

Status: 06/01/2007-Assembly APPROPRIATIONS SUSPENSE FILE

This bill would require the Office of Statewide Health Planning and Development (OSHDP), with support from the Health and Human Services Agency (CHHS), to develop a health disparity report based upon the inpatient hospital discharge data set. The bill would also require the OSHDP and CHHS, by January 1, 2010, to complete and deliver the report to the Legislature.

***AB 368 (Carter)** Hearing aids.

Version: Introduced 02/14/2007

Sponsor: Author

Status: Assembly HEALTH hearing on 01/15/08

This bill would require health care service plans and health insurers to offer or provide coverage up to \$1,000 for hearing aids to all enrollees, subscribers, and insureds less than 18 years of age. The bill would provide that the requirement would not apply to certain types of insurance.

AB 396 (Hernandez) Public works and prevailing wages: health and welfare benefits.

Version: Amended 06/01/2007

Sponsor: California Building and Construction Trade Council

Status: 06/21/2007-Assembly LABOR & INDUSTRIAL RELATIONS

This bill would require employers that do not spend the health and welfare portion of an applicable prevailing wage determination to provide health and welfare benefits for their employees, to pay that amount to the Controller for deposit in the Public Works Health and Welfare Fund, which would be created by the bill in the State Treasury. This bill would require that money in the fund, upon appropriation by the Legislature, be expended exclusively to provide health and welfare benefits for these employees.

AB 420 (Wolk) California Special Supplemental Nutrition Program for Women, Infants, and Children: gateway system.

Version: Amended 04/10/2007

Sponsor: WIC Association, 100% Campaign, People Improving Communities through Organizing (PICO)

Status: 06/01/2007-Assembly APPROPRIATIONS SUSPENSE FILE

Existing law requires the DHCS and MRMIB, in collaboration with California Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) offices, to design, promulgate, and implement policies and procedures for an automated enrollment gateway system to obtain presumptive eligibility for, and to facilitate application for enrollment in, the Medi-Cal program and the HFP for children applying to the WIC program. This bill would require all WIC local agencies that serve large numbers of participants, and a high proportion of uninsured participants, to use the WIC gateway system only to the extent funding is available and would permit all other local WIC agencies to use the WIC gateway system at their option.

***AB 547 (Ma)** Medical Board of California: licensure fees.

Version: 01/07/2008

Sponsor: Author

Status: 01/07/08-Assembly BUSINESS & PROFESSIONS.

The previous version of this bill addressed the MRMIB and funding for the County Health Initiative Matching Fund (CHIM). This bill has been amended eliminating any impact on MRMIB. Legislation & External Affairs will no longer track this bill unless it is further amended to impact MRMIB.

AB 555 (Nakanishi) Healing arts: medical records.

Version: Introduced 02/21/2007

Sponsor: California Medical Board

Status: 05/14/2007-Assembly PRINT

This bill would express the Legislature's intent to require the Medical Board of California to work with interested parties to develop an electronic system that would allow any physician and surgeon in this state to access the medical records of the patient that he or she requires in order to treat that patient.

AB 606 (Galgiani) Medi-Cal: reimbursement rates.

Version: Introduced 02/21/2007

Sponsor: Author

Status: 05/02/2007-Assembly HEALTH

This bill would provide that commencing January 1, 2008, the reimbursement levels for physician and dental services under Medi-Cal be increased to 5%.

AB 703 (Ruskin) Social security numbers.

Version: Introduced 02/22/2007

Sponsor: Author

Status: 05/14/2007-Assembly JUDICIARY

This bill would prohibit a person or entity from using a social security number as an identifier, except as required by federal or state law.

AB 770 (Hernandez) Health care coverage: agricultural employees.

Version: Amended 05/08/2007

Sponsor: California Medical Association (CMA)

Status: 06/01/2007- Assembly APPROPRIATIONS SUSPENSE FILE

The bill would declare the intent of the Legislature that agricultural employees in California are provided health care coverage and that agricultural employers offering that coverage be allowed to lower their total health care costs. This bill would also require the Senate Office of Research to conduct a comprehensive study of the availability of health care coverage to agricultural employees, to convene a working group of affected California stakeholders, and to report to the Legislature by January 1, 2009.

AB 799 (Smyth) Health care coverage: small employers.

Version: Amended 04/09/2007

Sponsor: Author

Status: 05/14/2007-Assembly HEALTH

Existing law imposes various requirements on health care service plans and health insurers with respect to small employer coverage and specifies that those requirements do not apply to certain forms of coverage, as specified. This bill would additionally provide that those requirements do not apply to a policy, a rider, or a contract, as specified, offered to a small employer in conjunction with a health benefit plan or health care services, as specified, in order to promote wellness and healthy lifestyles program of services and incentives offered to a small employer, separate and apart from a contract or policy for health care services or benefits, as specified, designed to promote wellness and healthy lifestyles.

AB 855 (Hayashi) Medi-Cal: managed care.

Version: Introduced 02/22/2007

Sponsor: Author

Status: 05/02/2007-Assembly HEALTH

This bill would require that on and after July 1, 2008, every Medi-Cal managed care contract entered into by the Department of Health Care Services (DHCS) shall include alcohol and drug treatment services at least equivalent to the alcohol and drug treatment services available to enrollees in the HFP. The bill would also require that on or before October 1, 2008, the DHCS enter into contracts with a managed care organization for

each county to ensure that Medi-Cal fee-for-services enrollees have as covered services, the alcohol and drug treatment services available to enrollees in the HFP.

AB 1040 (Duvall) Income taxes: deduction: medical care.

Version: Amended 03/28/2007

Sponsor: Author

Status: 06/01/2007-Assembly REVENUE & TAXATION

This bill would allow a deduction in computing adjusted gross income for the costs of health insurance, not compensated by insurance or otherwise, paid or incurred during the taxable year by the taxpayer for medical care for the taxpayer, his or her spouse, or dependents.

AB 1072 (Gaines) Health care coverage: California Health Insurance Exchange.

Version: Amended 04/18/2007

Sponsor: Author

Status: 06/01/2007-Assembly APPROPRIATIONS SUSPENSE FILE

This bill would establish the California Health Insurance Exchange that would be administered by the MRMIB. The bill would, beginning September 1, 2008, allow an employer who sponsors a cafeteria plan in compliance with federal law and who has entered into an agreement with the board, to transmit premium payments for individual plan contracts and individual insurance policies obtained by his or her employees through the cafeteria plan to the exchange for remittance to the issuing plan or insurer that has agreed to participate in the exchange. The bill would create the California Health Insurance Exchange Fund where the premium payments would be deposited prior to remittance to the carrier.

***AB 1214 (Emmerson)** Waiver of benefits.

Version: Introduced 02/23/2007

Sponsor: Author

Status: 12/12/2007-Assembly HEALTH on 1/15/2008.

This bill would on and after July 1, 2008, allow a health care service plan that covers hospital, medical, or surgical expenses on an individual or group basis, to issue a plan contract that does not include certain specified benefits, or may amend or renew a plan contract to delete certain benefits, if the applicant or the contract holder waives the benefits. The bill would require the applicant, contract holder or policy holder to sign a disclosure form that he/she is waiving the benefit.

AB 1378 (Nakanishi) Health care coverage: California Major Risk Medical Insurance Program.

Version: Amended 03/27/2007

Sponsor: Author

Status: 06/01/2007-Assembly APPROPRIATIONS

This bill would change the eligibility criteria for the MRMIP by requiring rejection by at least two private health plans (currently only one rejection is required) and would require a MRMIP subscriber who has a chronic health condition to participate in a disease management program. The bill would extend the duration of the Guaranteed Issue Pilot Program (GIP) from December 31, 2007 to July 1, 2008.

AB 1554 (Jones) Health care coverage: rate approval.

Version: Amended 07/05/2007

Sponsor: Author

Status: 07/11/2007-Senate Health

This bill would require approval by the Department of Managed Health Care or the Department of Insurance of an increase in the amount of the premium, co-payment, coinsurance obligation, deductible, and other charges under a health care service plan or disability insurance policy, other than a Medicare supplement contract or policy or health care service plan contracts issued through a state program, including Medi-Cal and the HFP.

AB 1555 (Lieber) Health care services: Chronic Care Model Task Force.

Version: Amended 04/26/2007

Sponsor: Author

Status: 06/01/2007-Assembly APPROPRIATIONS SUSPENSE FILE

This bill would create in the Department of Health Care Services (DHCS) a Chronic Care Model Task Force for the purpose of developing a strategy to implement a Chronic Care Model Plan. The bill would prescribe the membership and duties of the task force and would require the task force to establish specified workgroups to address issues relating to the provision and management of care for chronic disease.

AB 1619 (Benoit) Insurer licensing.

Version: Introduced 02/23/2007

Sponsor: Author

Status: 05/14/2007-Assembly INSURANCE

Existing law provides for insurers to be admitted to transact business in specified types of insurance, including workers' compensation insurance. This bill would allow any insurer admitted to transact health insurance or workers' compensation insurance, or a health care service plan licensed pursuant to the Knox-Keene Health Care Service Plan Act, to make a written application to the Insurance Commissioner for a license to offer a single policy that provides health care services and workers' compensation benefits.

AB 1644 (Niello) Out-of-state carriers.

Version: Introduced 02/23/2007

Status: 05/02/2007-Assembly HEALTH

This bill would allow a carrier domiciled in another state to offer, sell, or renew in California, an essential health benefit plan meeting certain unspecified requirements, without holding a license issued by the Department of Managed Health Care or a certificate of authority issued by the Insurance Commissioner, and would exempt the essential health benefit plan from requirements otherwise applicable to plans and insurance policies providing health care coverage in California.

AB 1692 (Villines) Healthy Families Advisory Panel.

Version: Introduced 02/23/2007

Sponsor: Author

Status: 05/14/2007-Assembly HEALTH

Existing law requires the MRMIB to appoint a 15-member advisory panel to, among other things, advise the board on all policies, regulations, operations, and implementation of the HFP. Existing law requires that the membership of the panel include one physician and surgeon who is board certified in pediatrics. This bill would require that member to be a practicing physician and surgeon who is board certified in pediatrics.

SENATE BILLS

SB 26 (Simitian) State agencies: collection of data: ancestry or ethnic origin.

Version: Amended 05/08/2007

Sponsor: Author

Status: 08/30/2007-Assembly APPROPRIATIONS SUSPENSE FILE

This bill would require state agencies, boards, and commissions that collect demographic data on ancestry, ethnic origin, ethnicity, or race to offer respondents the option of selecting one or more ethnic or racial designations according to specified federal standards.

SB 32 (Steinberg) Health care coverage: children.

Version: Amended 09/07/2007

Sponsor: 100% Campaign, People Improving Communities through Organizing (PICO)

Status: 09/11/2007-Assembly INACTIVE FILE

The bill would:

- Expand eligibility for Medi-Cal (MC) and the Healthy Families Program (HFP) to cover children in families with household income up to 300% FPL from the current limit of 250% FPL.
- Create the Healthy Families Buy-In Program that would be administered by the MRMIB.
- Make coverage provided under the HFP available to children whose household income exceeds 300% of the federal poverty level and who meet other specified criteria.
- Delete the specified citizenship and immigration status requirements and would require the MRMIB to implement a process for an applicant's self-certification of income and income deductions by 1/1/08.
- Require the MRMIB and the Department of Health Care Services to take actions to improve and coordinate the application and enrollment process for MC and the HFP and to develop a process to transition the enrollment of children from local children's health initiatives into MC and HFP.
- Establish the HFP to MC Presumptive Eligibility Program, the MC to HFP Presumptive Eligibility Program, the MC Presumptive Eligibility Program and the HFP Presumptive Eligibility Program.
- Deem children who have a California Children's Services (CCS) eligible medical condition and who are enrolled in the HFP or the HFP Buy-In Program, to be financially eligible for CCS program benefits.

Note: SB 32 is identical to AB1 (Laird).

SB 51 (Ducheny) San Diego Health Care Connection Demonstration Project.

Version: Amended 05/23/2007

Sponsor: San Diegans for Healthcare Coverage, Inc.

Status: 06/08/2007-Senate APPROPRIATIONS SUSPENSE FILE

This bill would establish the San Diego Health Care Connection Demonstration Project. The bill would require the MRMIB to contract with San Diegans for Healthcare Coverage, Inc., a private nonprofit corporation, to operate the project to assist employers in San Diego County with providing health care benefits to their employees with full-time employment. The bill would require the Department of Health Care Services to secure any state plan amendments and federal waivers necessary and to submit the waivers or amendments by June 30, 2008. The bill would also require the department to establish data collection and reporting procedures.

SB 236 (Runner) Health care.

Version: Amended 04/19/2007

Sponsor: Author

Status: 05/14/2007-Senate RULES

This bill would express the Legislature's intent to enact the Cal CARE program to improve access to health care services for the residents of California. The bill would declare that the Legislature shall enact specified legislation and would declare the Legislature's intent to accomplish specified acts in order to improve access and affordability to health care.

SB 365 (McClintock) Out-of-state carriers.

Version: Introduced 02/20/2007

Sponsor: Author

Status: Returned to Senate DESK 01/10/08

Would allow a carrier domiciled in another state to offer, sell, or renew a health care service plan or a health insurance policy in this state without holding a license issued by the department or a certificate of authority issued by the commissioner. The bill would exempt the carrier's plan or policy from requirements otherwise applicable to plans and insurers providing health care coverage in this state if the plan or policy complies with the domiciliary state's requirements, and the carrier is lawfully authorized to issue the plan or policy in that state and to transact business there.

SB 438 (Aanestad) Medi-Cal: reimbursement rates.

Version: Introduced 02/21/2007

Sponsor: Author

Status: 05/14/2007-Senate RULES

This bill would state the intent of Legislature to enact legislation that would increase Medi-Cal reimbursement rates for providers over the next eight years and to make it a budget priority to increase the lowest rate first.

SB 646 (Cox) California Major Risk Medical Insurance Program: waiting list.

Version: Introduced 02/22/2007

Sponsor: Author

Status: 05/14/2007-Senate RULES

This bill would express the Legislature's intent to appropriate additional funds from the Cigarette and Tobacco Products Surtax Fund for deposit into the Major Risk Medical Insurance Fund to eliminate a waiting list for the MRMIP.

SB 674 (Dutton) Employers: benefits.

Version: Introduced 02/23/2007

Sponsor: Author

Status: 05/14/2007-Senate RULES

This bill would state the intent of Legislature to provide incentives to employers who offer health insurance, flex-time work schedules, and other benefits agreed upon by the employers and the employees.

SB 697 (Yee) Health care coverage: provider charges.

Version: Amended 09/07/2007

Sponsor: Author

Status: 09/07/2007-Assembly HEALTH

This bill would explicitly prohibit any health care provider who is given documentation that a person is enrolled in the Healthy families program from "balance billing" the subscriber for health care services.

SB 820 (Ashburn) Taxation: cafeteria plans: credits.

Version: Amended 05/15/2007

Sponsor: Author

Status: 06/01/2007-Senate REVENUE & TAXATION

The Personal Income Tax Law and the Corporation Tax Law authorize various credits against the taxes imposed by those laws. This bill would authorize a credit against those taxes for each taxable year beginning on or after January 1, 2007, in an amount equal to 15% of the amount of administrative costs paid or incurred by a qualified taxpayer during the taxable year in connection with establishing a qualified cafeteria plan that provides health benefits, as defined. This bill would take effect immediately as a tax levy.

SB 840 (Kuehl) Single-payer health care coverage.

Version: Amended 07/10/2007

Sponsor: Author

Status: 07/10/2007-Assembly APPROPRIATIONS

This bill would establish the California Healthcare System to be administered by the newly created California Healthcare Agency under the control of a Healthcare commissioner. The bill would make all California residents eligible for specified health care benefits under the California Healthcare System, which would, on a single-payer basis, negotiate for or set fees for health care services provided through the system and pay claims for those services. The bill would provide that a resident of the state with a household income at or below 200% of the federal poverty level would be eligible for the type of benefits provided under the Medi-Cal program. The bill would create several new offices as well to establish policy on medical issues and various other matters relating to the health care system.

SB 867 (Ridley-Thomas) In-home supportive services.

Version: Introduced 02/23/2007

Sponsor: Service Employees International Union (SEIU) – California State Council;
SEIU – United Long Term Care Workers; United Domestic Workers of America (UDWA)

Status: 09/05/2007-Assembly INACTIVE FILE

This bill would authorize a recipient who receives personal care and in-home services through the Access for Infants and Mothers (AIM), HFP, MRMIP, or any publicly funded program enacted prior to, or on or after, January 1, 2008, to select his or her own service provider, subject to program requirements.

SB 885 (Calderon) Health care coverage: employer mandates.

Version: Introduced 02/23/2007

Sponsor: Author

Status: 05/14/2007-Senate RULES

This bill would express the Legislature's intent to require employers to provide health care coverage for their employees to the extent allowed by federal law.

SB 893 (Cox) California Children and Families Program: funding.

Version: Introduced 02/23/2007

Sponsor: Author

Status: 05/02/2007-Senate HEALTH

This bill would eliminate percentages for allocations from the California Children and Families Trust Fund to various accounts. The bill would instead provide that those funds be allocated and appropriated to the commission to provide health care services to children consistent with the purposes of the act.

SB 981 (Perata) Health care coverage: noncontracting hospital-based physician claims.

Version: Amended 09/07/2007

Sponsor: Author

Status: 09/10/2007-Assembly HEALTH and Assembly APPROPRIATIONS

This bill creates various payment rates and standards for non-contracted hospital-based physicians to be developed in regulations by the Department of Managed Health Care. These include developing regulations regarding payment to non-contracted hospital-based physicians as part of the Access to Infants and Mothers (AIM) program

SB 1014 (Kuehl) Taxation: single-payer health care coverage tax.

Version: Amended 04/23/2007

Sponsor: Author

Status: 05/02/2007-Senate REVENUE & TAXATION

This bill would impose an additional tax at the rate of 1% on the taxpayer's taxable income that exceeds \$200,000 but is not over \$1,000,000, a tax on self-employment income of an individual taxpayer and a tax on non-wage income of a taxpayer. The bill would also impose a health care coverage tax on the wages of an employee to be paid by both the employee and his or her employer. The bill would require all revenues received by the Franchise Tax Board from those taxes to be deposited in the Health Insurance Fund.

***SB 1026 (Calderon)** Personal income and corporation taxes: credit: qualified health care provider.

Version: Introduced 02/23/2007

Sponsor: Author

Status: 01/07/2008 - Senate HEALTH hearing cancelled

This bill would authorize a credit against those taxes for a qualified health care provider, in an amount equal to the amount paid or incurred during the taxable year to provide health care to residents of California whose health care was not covered by a health care service plan or health insurance.